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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	PCT/FI2003/000751
Filing Date	
First Named Inventor	Petter Honkalampi
Title	Press Section in a Paper or Board...
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-41

I hereby appoint:



Practitioners at Customer Number 36528

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:



Applicant/Inventor



Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Petter Honkalampi

Signature *Petter Honkalampi*

Date 13.4.2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of

3

forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

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Name

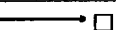
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Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Petter Halme

Signature

Date

14.4.2005

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT****Application Number****PCT/FI2003/000751****Filing Date****First Named Inventor****Petter Honkalampi****Title****Press Section in a Paper or Board...****Group Art Unit****Examiner Name****Attorney Docket Number****METSO-41**

I hereby appoint:

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The above-mentioned Customer Number.

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Individual Name****Address****Address****City****State****Zip****Country****Telephone****Fax**

I am the:

**Applicant/Inventor****Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).****SIGNATURE of Applicant or Assignee of Record****Name****Sami Anttilainen****Signature****Date****15.4.2005**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

**\*Total of****3****forms are submitted.**

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> OR      Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) Required)	<b>Attorney Docket Number</b>	<b>METSO-41</b>
	<b>First Named Inventor</b>	<b>Petter Honkalampi</b>
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural Names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Press Section in a Paper or Board Machine

(Title of the Invention)

The specification of which

- ☐ Is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) 10/10/2003 as United States Application Number or PCT International

Application Number PCT/FI2003/000751 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
20022057	FI	11/19/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		<b>36528</b> Or <input type="checkbox"/>		Correspondence address below	
Name:					
Address:					
City:		State:		Zip:	
Country:		Telephone:		Fax:	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]): <u>Petter</u>			Family Name or Surname: <u>Honkalampi</u>		
Inventor's Signature <i>Petter Honkalampi</i>			Date: <u>13.4.2005</u>		
Residence: City: <u>Kinkomaa</u>		State:		Country: <u>Finland</u> <i>FI</i> Citizenship: <u>FI</u>	
Mailing Address: <u>Kinkoriutantie 21</u>					
City: <u>Kinkomaa</u>		State:		Zip: <u>FIN-40930</u> Country: <u>Finland</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]): <u>Petteri</u>			Family Name or Surname: <u>Halme</u>		
Inventor's Signature <i>Petteri Halme</i>			Date: <u>13.4.2005</u>		
Residence: City: <u>Jyväskylä</u>		State:		Country: <u>Finland</u> <i>FI</i> Citizenship: <u>FI</u>	
Mailing Address: <u>Anttoninkatu 26 A 3</u>					
City: <u>Jyväskylä</u>		State:		Zip: <u>FIN-40250</u> Country: <u>Finland</u>	
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/02A (11-00)

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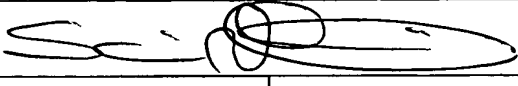
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# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Sami		Family Name or Surname: Anttilainen	
Inventor's Signature 		Date: 5.4.2005	
Residence: City: Jyväskylä	State:	Country: Finland	Citizenship: FI
Mailing Address: Muurarintie 9 B 7			
City: Jyväskylä	State:	Zip: FIN-40250	Country: Finland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]):		Family Name or Surname:	
Inventor's Signature		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]):		Family Name or Surname:	
Inventor's Signature		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
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